

**CULTURAL COMPETENCY AND CHILD WELFARE PRACTICE: ISSUES IN
ABORIGINAL CHILD WELFARE**

by

Mauren Tanyi

BSc. Sociology and Anthropology, University of Buea, 2001

MA. Intercultural Studies in Communication and Administration, University of Vaasa, 2009

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Abstract

This practicum report examines the concept of cultural competency in Nezul Be Hunuyeh Child and Family Services Agency in Fort St. James. This agency serves Aboriginal people from the Nak'azdli band and Tl'azten Nation, who live on reserves around Fort St. James area. The report examines how workers approach cultural competency, the challenges they face in doing so, and how these challenges impact their use of cultural competency. The methods used to conduct this study included observation, discussion with workers and key members of the community, and consultation with my practicum supervisor. It was realized that workers use cultural competency in appropriate ways. Possible reasons to support this are; the agency's clearly stated mission statement and the level of delegation the agency has achieved. The challenges faced by workers are not directly related to the worker-client relationship, but to issues arising from the meso and macro levels. These issues could begin to be addressed through a government reconciliation process with Aboriginal people. This reconciliation process would open up ways for policy changes, which will promote more culturally relevant programs and services on reserve. It is recommended that future practicum students consider practicum in a government structure or perhaps divide time between the two agencies to understand the views stemming from both structures.

Keywords: Child welfare, child welfare workers, cultural competency, policies, Aboriginal people, challenges

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Cultural Competency and Child Welfare Practice: Issues in Aboriginal Child Welfare

Chapter 1: Introduction

It has been identified that most child welfare systems do not appropriately serve children and families from different ethnic minority groups (Cohen, 2003). Cultural competency (CC) in child welfare is an area which if enhanced, would yield better results for minority clients (Mederos & Woldegiorgis, 2003). When conducting child abuse investigations (intake, assessment of family strengths, resources, and risks) and making referrals to various support services, some child welfare workers do not respond equally to all families (McPhatter, 1997). Sometimes, social work assessments make conclusions of abuse; which may not necessarily be accurate (McPhatter, 1997). Conflict may arise if workers are not aware of the cultural differences they may have with families (Cohen, 2003). In some instances, child welfare workers have demonstrated racist attitudes towards children and families from diverse cultural backgrounds (Bell, Wells, & Merritt, 2009; Cohen, 2003; Heydt & Sherman, 2005; McPhatter, 1997; McPhatter & Ganaway, 2003; Mederos & Woldegiorgis, 2003; Moleiro, Marques, & Pacheco, 2011; Strega & Carriere, 2009; Weaver, 1999). This partly explains why children of colour are overrepresented in the child welfare system in Canada (Aboriginal Justice Inquiry [AJI], 2001). This level of CC has severe consequences to families and children of colour, communities, the child welfare system, and society as a whole (McPhatter & Ganaway, 2003).

In this practicum report, the concept of CC is examined in Nezul Be Hunuyeh Child and Family Services Society (NBHCFSS) in Fort St James (see geographic location on page 7). This agency serves Aboriginal people from the Nak'azdli band and Tl'azten Nation, who live on reserves around Fort St. James (*Agency Profile*, n.d.). This report examines how CC is approached by workers of NBHCFSS, the challenges they face in doing so, and how these

challenges impact their use of CC. Therefore, it is hoped that this practicum report will provide information to improve child welfare policies, organizations/agencies, and programs in the provision of culturally competent practices. Moreover, it is hoped that this report will help to assist child welfare workers to improve working relationships, understanding, and communication with clients from diverse backgrounds. In this context, workers will improve their knowledge and skills in the area of CC.

In this report, people from diverse cultural and ethnic backgrounds are defined as people of colour or minority groups. These terms; people of colour, minority group, and ethnic group, will be used interchangeably. These terms simply refer to people who are not Caucasians.

The report is organized into five chapters. The introductory chapter outlines the content of the report and provides a description of NBHCFSS. Chapter two reports on existing work on CC models in child welfare. Chapter three provides a detailed report on my practicum activities and learning objectives. These activities included the examination of workers use of CC, reading client case files, discussion with workers and my practicum supervisor (Don Mclelland), consultation with my practicum supervisor, and hands on practice. From the observations, discussions, and consultations, a broader understanding of the model of CC and challenges with its application was achieved. As a graduate student who is new to child welfare and Aboriginal culture, learning this culture and working with this client population was part of my study goals with NBHCFSS. In this context I took on some individual and group work. These roles helped me to gain a better understanding of Aboriginal people and the challenges faced with regard to the use of CC. My original practicum plan was to develop and provide a CC training for workers based on the challenges they would identify. However, this was not achieved, which will be explained further in

chapter three of this report. The final section of this chapter discusses issues and challenges with regard to the use of CC. The discussion will relate these issues and challenges to structures, policies, and organizations.

Chapter four discusses CC in NBHCFSS and possible reasons why I think that workers in this agency demonstrate a high level of CC. Concluding, the last chapter provides recommendations for program and policy changes.

I completed 560 hours in this practicum from September to December 2011. Throughout this practicum, I kept a reflective journal, where I reported daily learning activities. At the end of each day, I reviewed the writing in my daily journal and reflected on the links to my overall goals. This reflection has been used in chapter 3 and 4. The reflective journal was kept in a secure place where only I had access. Upon completion of this report, all information from the reflective journal was shredded.

Description of NBHCFSS

Geography and demographics. NBHCFSS is a delegated Aboriginal child welfare agency that was created in May of 2002 (*Agency Profile*, n.d.). The main office is located in Fort St. James, in British Columbia (BC). Fort St. James is located 169kms northwest of Prince George (*Agency Profile*, n.d.). This agency serves Aboriginal people from the Nak'azdli band and Tl'azten Nation, who live on reserves around Fort St. James (*Agency Profile*, n.d.). This group of people occupies part of the Carrier territory (*Agency Profile*, n.d.). Services from NBHCFSS are not limited to the people residing on reserves: some services are offered to whoever can access them. In addition, there is an office in Prince George that serves people from both Nak'azdli and Tl'azten who reside in the Prince George area. Tl'azten has three communities; Binche, Tache, and Middle River. These communities are approximately a 30 to 90 minute drive from Fort St. James (*Agency Profile*, n.d.).

Nak'azdli is located adjacent to the town of Fort St. James (*Agency Profile*, n.d.). The total community population of Fort St James, including Nak'azdli, is approximately 3200 people (*Agency Profile*, n.d.). People from both Nak'azdli and Tl'azten belong to one of four clans, which are Lohjuboo, Granton, Lhtsumusyoo, and Lusilyoo (*Agency Profile*, n.d.). Both communities struggle with issues such as: alcohol and drug misuse, addiction, poverty, homelessness, overcrowded housing, legacy of residential school, Fetal Alcohol Spectrum and Disorder (FAS/D) and related issues, intergenerational trauma, family violence related issues, mistrust of the child welfare system, and loss of culture (*Agency profile*, n.d.).

Resources. Services available to both Nak'azdli and Tl'azten include: the Royal Canadian Mountain Police (RCMP), a small hospital and clinic, school district #91 with K-12 programs, Nechako Valley Community Services Society, which offers a couple of community programs and services, Northern Interior Health Unit, and Fireweed Women's Shelter (Thoen, 2009). In addition, services are provided through the Ministry of Children and Family Development (MCFD) and College of New Caledonia (CNC), which offer protection services for children and some certificate and diploma programs respectively. These services are located in Fort St. James, thus people from Tl'azten have to commute via a shuttle bus to gain access. Programs and services available in Tl'azten include: Family Preservation Program (FPP), alcohol and drug counselling services, shuttle bus service, and day care (*Agency Profile*, n.d.). Workers include a social development worker, community health nurse, home and community care workers, infant development worker, and a youth worker (*Agency Profile*, n.d.). There are two educational institutions in Tl'azten; the Eugene Joseph elementary school and the Adult Center for Education (ACE). The ACE offers a couple of high school completion programs for adults.

Delegation. NBHCFSS is delegated at C4. Delegation in this context means an agreement between MCFD and NBHCFSS, according to the CFCSA, which gives authority to NBHCFSS to provide some child welfare services (C4) to Aboriginal people of the Nak'azdli band and Tl'azten Nation (MCFD, n.d.). This level of delegation allows the agency to offer the following services:

- Support Services for Children
- Voluntary Care Agreements
- Special Needs Agreements
- Establish residential resources for children in care, and
- Guardianship services for children in continuing care

(Agency Profile, n.d.).

Agency mission and vision statements. The agency's mission statement is; "our experience as colonized people has created multiple factors that directly affected the ability and capacity for some families to provide ongoing safety and nurturing to children" (*Agency Profile, n.d., p. 2*). The mission statement explains the challenge of parenting and its goal to help families to deal with this challenge. In addition, it acknowledges the multigenerational effect of child maltreatment and fosters prevention strategies geared toward family development. The approach to service provision and program formation and delivery "must be culturally relevant, effective and flexible" (*Agency Profile, n.d., p. 2*). The vision statement explains the wish to restore family life within the community and to encourage children and youth's learning through positive role modeling of elders, community members, and leaders. In addition, the wish is for children to be empowered to carry forward the teachings, cultures, and traditions to the next generations (*Agency Profile, n.d.*).

Organizational structure. NBHCFSS is governed by a board of directors, who are appointed by the Chief and Council (*Agency Profile*, n.d.). There are six board members; three from both Nak'azdli and Tl'azten. There is an executive director, a clinical supervisor, and a financial manager, who works out of the Prince George office. Other staff includes three social workers who work full time; one for Nak'azdli, one for Tl'azten, and a guardianship worker. There is a Special Services for Children and Family (SSTC) coordinator, whose role is to arrange for scheduled visits for kids who are placed out of the community. The agency also has one full time Family Group Conference (FGC) coordinator, a Family Preservation Worker (FPW), an Administrative Support Worker, and a Personal Assistant to the executive director. There are also casual workers who work for the Special Services for Children (SSTC) program. The agency is made up of a diverse work force employing workers from Aboriginal, Métis, and Mexican ancestries.

Chapter 2: Literature Review

Introduction

Chapter two defines key concepts used in this report, explains challenges for CC, and examines various CC models. Most of the models in the last three decades are proposed by American authors and tend to focus mostly on approaches that human service professionals (including social workers) could follow in order to enhance their use of CC. The models focus on building families' strengths, anti-oppressive practices, and the skills and knowledge needed to work with people of colour.

Culture

Given the subjective nature of culture, it can have influences on decision making (Cohen, 2003). Child welfare agencies and workers need to understand cultural differences; specifically, how people from different cultures define child abuse, as these are the terms of focus when child protection workers engage with families (Cohen, 2003). Defining culture guides the boundaries or limitations to the use of CC in practice. Traditionally, culture is defined in relation to race, background, ethnicity, practices, and values that are common to a group of people (Mederos & Woldeguiorguis, 2003). This includes kin and non-kin, gender roles, language, traditions, and rituals that mark and define life transitions such as birth, marriage, death, religion and spirituality, subsistence activities, and differing core values (individuality/independence, collective interdependence) (Mederos & Woldeguiorguis, 2003). Mederos and Woldeguiorguis went further to explain that culture can also be defined as life experiences or historical happenings that a group of people have undergone. This collective experience forms a group identity. Some examples of groups that share the same experience(s) include: sexual orientation, gender, age, immigration, disadvantaged status,

religious affiliation or spirituality, and severe depression or childhood abandonment (Woldegiorgis & Mederos, 2003).

Morrisette, McKenzie, and Morrisette's (1993) definition of culture is similar to Mederos and Woldegiorgis's (2003). Morrisette et al. define culture in both objective and subjective terms. An objective definition would include: shared language, religion, and folk laws, while a subjective definition would include; for example, feelings shared by one group. The collective nature of culture can only make sense when it is shared by one group.

Another perspective of culture is provided by Hofstede and Hofstede (2005). They define culture as "mental programming or software of the mind" (p. 2). These authors assert that every individual has his or her own way of feeling, thinking, and acting that was learned throughout their life time and that most of this is learned during the childhood socialization process since it is the best time for individuals to learn and assimilate behaviours/traditions. Hofstede and Hofstede further explain that it does not mean that the mental processes program human beings the same way computers are programmed, but that they are predetermined to act in ways that are new, creative, and destructive or unexpected. Despite the different definitions of culture, they all have common themes; shared experiences, feelings, practices, history, and beliefs. In addition, there is a common view that people are not born with culture but rather they acquire it through the socialization process. The definition of culture assists in understanding CC.

Cultural Competency

Cultural competency is defined as "a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations" (Tong & Cross, 1991, p. 12). A culturally competent program appreciates, accepts, and acknowledges the values of diverse groups in

society and understands the cultural factors which impact programming. It also “understands the dynamics which result from cultural differences; institutionalizes cultural knowledge, and adapts its services to fit the cultural context of the clients it serves” (p. 13). Cultural competency in child welfare means gaining knowledge about diverse groups, their cultures, traditions, and practices and putting this knowledge into day-to-day practice (US Department of Health and Human Services [USDHHS], 2009). It is the ability of individuals to respond and respect people from all ethnic and cultural groups, sexes, sexual orientation, classes, faiths, and to know and protect the rights and dignity of each of these groups (USDHHS, 2009). This knowledge helps to broaden our understanding of people and their communities in society (USDHHS, 2009).

The Canadian Association of Social Workers [CASW], (2005) has also included CC in its standards of practice. “Social workers respect the diversity among individuals in Canadian society and the right of individuals to their unique beliefs consistent with the rights of others” (p. 4). According to McPhatter (1997), “cultural competence denotes the ability to transform knowledge and cultural awareness into health and/or psychosocial interventions that support and sustain healthy client-system functioning within the appropriate cultural context” (p. 261). The central theme that occurs in all the definitions found in the literature is respect for different cultures and to put this into practice. A second theme is the acquisition of knowledge and skills needed to work with different cultural groups.

Child Welfare Practice

“Child welfare encompasses programs and policies oriented toward the protection, care, and healthy development of children” (National Association of Social Workers [NASW], 2005, p. 9). Social workers who provide child welfare services are called child welfare workers and the act of providing these services is child welfare practice (USDHHS,

2009). “The child welfare system includes services designed to promote the wellbeing of children by ensuring safety, achieving permanency, and strengthening families to successfully care for their children” (USDHHS, 2009). Programs within the realm of child welfare include, but are not limited to, adoption, special needs care, foster care, kinship care, and youth forensic psychiatric services. In BC, child welfare workers use the Child, Family and Community Services Act (CFCSA) as their legislative foundation (Queen’s Printer, 2012.). In BC delegated Aboriginal agencies provide child welfare services to First Nations families; for example, Carrier Sekani Family Services (n.d.). In addition to these service provided, the Office of the Representative for Children and Youths (n. d.) provides support and advocacy for families who need assistance in navigating the child welfare system.

Theoretical Perspectives on Cultural Competency

Theory of triadic influence. This theory is an ecological theory put forth by Flay and Petraitis in 1994 (Bell, Wells, & Merritt, 2009). In order to be more specific about its biological aspect and its influence on human behaviour, Flay coined this theory the Quadratic Theory of Influence (QTI) in 2005 (Bell et al., 2009). It was designed to be used by professionals working in the field of mental health, but it can also be applicable in child welfare (Bell et al., 2009). According to this theory, human behaviour cannot be completely understood by a single theory, but by multiple theories. Originally, it was identified as a comprehensive meta-theory that explained how human personality, cultural identity, and personality development are influenced by peers, social, and psychological factors, and how these factors function together to influence behaviour and behaviour change (Bell et al., 2009). Behaviour change is influenced by three factors: 1) Biology and personality, which are intrapersonal influences that affect self-determinism. 2) Culture and environment, which are influences that affect attitudes, values, and knowledge. 3) Social context, which are social

situations that influence and affect learning, development of relationships, and the development of normative beliefs (Bell et al., 2009). “This knowledge helps to guide appropriate intervention and can also be used to design and test more effective interventions to modify and improve the social context” (p, 1208). This theory is useful in the area of child welfare because it provides an awareness of the communities and the cultural context from the client’s standpoint, which is a useful tool in assessment and intervention.

Anti-racist framework. A critical anti-racist framework is not restricted to issues of ethnicity and culture, but also uncovers issues of power differences and maintenance that exist in the socio-political structures of society (Shera, 2003; Strega & Carriere, 2009). “According to the NASW website, racism is the ideology or practice through demonstrated power or perceived superiority of one group over others by reasons of race, colour, ethnicity, or cultural heritage” (Blank, 2011, para. 2). Racism manifests in different forms in different historical and socio-political contexts (Strega & Carriere). This framework analyzes issues in relation to racism and minority groups with power being the central thesis in this analyzes (Strega & Carriere, 2009). This approach specifically focuses on white power and privilege and how these two things are used to dominate and oppress people of colour. “Anti-racist framework questions the marginalization of certain voices as well as the devaluation of knowledge and experiences of subordinated groups” (p. 72).

It asserts that a holistic (spiritual, political, ecological, and social) understanding and appreciation of human beings is essential (Maiter, 2009). This holistic approach allows child welfare professionals to understand how families’ experiences with racism at the societal, cultural, and personal levels impact their wellbeing (Maiter, 2009). This understanding guides assessment in an understanding of issues facing families from different ethnic and cultural backgrounds (Maiter, 2009). An Anti-racist framework provides measures for

exploring adequate services for clients from different cultural and ethnic groups when they come in contact with the child protective services (Strega & Carriere, 2009). The anti-racist framework rests on the fact that people of colour are oppressed and discriminated against in society. Using this lens to make assessments and interventions will guide child welfare practitioners to explore the various avenues where oppression stems from.

Challenges for Cultural Competency

There have been a lot of challenges for culturally competent child welfare practice. These challenges stem from the opposing definitions of child abuse, limited resources, case workers' attitudes, and organizational policies (Anderson, 1997). Anderson highlights the challenges for permanency planning in a multicultural context in the United States (US). Permanency planning is a guiding principle responsible for: ensuring children are prevented from going into out-of-home care, reducing the time spent by children in out-of-home care, ensuring families have the necessary resources to cater for their children by providing services for families to ensure children's needs are met, and the process of adoption and out-of-home care (Anderson, 1997). Anderson explains the challenges in permanency planning as being due to persistent poverty, dilapidated housing and homelessness, drug use, and an increase in the number of orphan children as a result of HIV/AIDS deaths of their parents.

McPhatter and Ganaway (2003) identify barriers for achieving CC at the individual, interprofessional, and organizational levels. At the individual level, McPhatter and Ganaway identify factors such as, time constraint, lack of knowledge about different cultures and traditions, and lack of understanding of the dynamics of oppression. According to Cohen (2010), this lack of knowledge about different cultures and the understanding of oppressive forces are responsible for case workers racist attitudes toward families of colour. It is noted that some case workers believe that people of colour lack the ability to change, which hinders

their ability to do much for people of colour and to watch out for destructive habits/attitudes that can hinder the helping relationship. Sheafor and Horejsi (2003) list eight factors that can hinder effective conscious use of self. These include: "Personal issues; appearance, clothing, and grooming; behaviour that devalues people; distracting personal habits; difficulties in verbal communication; difficulties in cognitive functioning; problems in written communication, and poor work habits" (p. 578-580).

At the interprofessional level, McPhatter and Ganaway (2003) mention lack of motivation by professionals to engage in discussions about CC in regard to practice. In addition, they explain that there are not many multicultural professionals in the child welfare system to push CC forward. Furthermore, they point out that some white professionals are unwilling to accept the relevance of CC. This lack of professionalism impacts workers from increasing their knowledge about different cultures and developing the skills relevant to work with clients of colour.

At the organizational level, the major barrier identified by McPhatter and Ganaway (2003) is the idea that top administration and management believe that achieving CC should only be the responsibility of frontline staff, which hinders management (top administration and management) from incorporating CC in organizational policies. Miller and Gaston (2003) add that the culture and policy of the child welfare system has been predominantly European and has failed to take the perspectives of people of colour into consideration.

The challenges for effective culturally competent practice are even more complex when multiple cultures are involved. Different cultures have different definitions for child maltreatment/abuse, which makes it challenging for professionals to know if a particular case is a cultural case (Terao, Jr., & Urquiza, 2001). In cases where a cultural definition is required, practitioners will be concerned with how child maltreatment/abuse is defined in the

said culture and whether this definition conflicts with the legal standards (Terao et al., 2001). The challenges for CC can be seen from different perspectives; child welfare workers, child welfare system, and the different cultural definitions for child abuse. All aspects should be given consideration as they are not independent; they complement each other. The CC models discussed in the next section address these issues.

Cultural Competency Models

Various authors (Anderson, 1997; Bell, Wells, & Merritt, 2009; Cohen, 2003; Leung, Cheung, & Stevenson, 1994; Maiter, 2009; McPhatter, 1997; Miller & Gaston, 2003; Weaver, 1999) have proposed different CC models to be used in the area of child welfare. Most of these authors are from the United States (US) and are writing from the US perspective. However, parts of these models can also be applicable in Canada. Some of these models are adopted from the fields of business, education, and psychiatry while others are specific to child welfare. Most of the models hold similar perspectives as will be seen in subsequent paragraphs.

Cultural Competency Attainment Model. The Cultural Competency Attainment Model was proposed by McPhatter (1997) to assist child welfare professionals as they provide services for people of colour. This model consists of three things: Enlightenment consciousness, grounded knowledge base, and cumulative skill proficiency. Enlightenment consciousness is a change in one's worldviews and belief systems, which perceives one's culture as superior to another. A grounded knowledge base "begins with the premise that everything must be exposed to a process of critical analysis" (p. 265). Most mainstream education is biased against people of colour and most often, their contribution to the knowledge base is not acknowledged (McPhatter, 1997). For example, in the US, contributions of African Americans and other people of colour to the social welfare systems

are most often not included in the knowledge base literature (McPhatter, 1997). Child welfare professionals should critically analyze the knowledge base of Eurocentric academia and theories, and how they impact their use of CC (McPhatter, 1997). Critical analysis should commence with learning, for example, professionals should seek information about other cultures from diverse sources and disciplines (traditional and non-traditional economic, religious people, nonmainstream works, communities of colour, key informants, and social institutions (McPhatter, 1997; Miller & Gaston, 2003). Enlightenment consciousness and a grounded knowledge base set the stage for cumulative skill and proficiency. The result is the development of skills relevant for practice with people of colour.

Weaver (1999) divided skills into general and containment skills. The former includes communication and problem solving and the latter includes active listening, tolerance, patience, and the idea that workers should listen more and speak less. Weaver explains that it is also important to respect values like helper wellness and self-awareness, humility and willingness to learn, respect, open-mindedness, non-judgmental attitude, and social justice when working with people of colour.

The Cultural Competency Attainment Model is quite interesting. All three components (enlightenment consciousness, grounded knowledge base, and cumulative skill proficiency) encompass a lot of the key skills needed to improve one's use of CC in practice. To expand on enlightenment consciousness, Fook and Askeland (2007) introduce the concept of critical reflection which "involves the identification of deep-seated assumptions, but with the primary purpose of bringing about some improvements in professional practice" (p. 2). Practice exercises can use critical reflection to help learners unlearn deep seated assumptions about people of colour.

Another technique which can serve the same purpose is conscious use of self.

“Conscious use of self is an awareness and mastery of one’s feelings, motivations, and skill levels as well as self-awareness and perception of how the client perceives him or her” (Heydt & Sherman, 2005, p. 28). These authors propose practice exercises to address these issues such as: family-self-awareness exercises, first impressions visualization, early recollection of identity, greeting card identity, process recording re-enactment, and audio/visual role play assignments. These exercises tend to help students/workers to develop self-awareness and how they can be perceived by others.

The critical reflection process is a good approach to unlearn biases and assumptions about people of colour and it can assist in correcting one’s practice. However, it can be a challenging process for professionals because it challenges their practice, exposes certain areas of their practice that they may not want others to know, and they may feel empty in the process (Fook & Askeland, 2007). Exposing private information to the class, receiving feedback, refreshing old and sad memories, and confidentiality issues can be disturbing for some. In my opinion, this process is not an easy one. Child welfare practitioners who have developed their world views from Eurocentric education throughout their educational processes have obviously internalized Eurocentric values, which have become part of them (McPhatter, 1997). For child welfare professionals to unlearn ideas learned from formal education and embrace new ones may challenge their personalities (Fook & Askeland, 2007). Moreover, this process cannot be completed within a short while and may, in fact, never be completed.

Strengths based model. The main premise of the strengths based approach is that all individuals have strengths and the ability to solve their problems (Saleebey, 1997). Leung et al. (1994) propose that the strengths based approach should be incorporated in work with clients

from different cultural and ethnic backgrounds. This approach starts by exploring the strengths and resources that are inherent in individuals, groups, and communities and not their deficits (Anderson, 1997; Miller & Gaston, 2003). The strengths based approach creates an atmosphere to engage in a non-threatening environment with clients (Leung et al., 1994; Miller & Gaston, 2003). The development of CC should be incorporated in all three components of case work; assessment, intervention, and evaluation (Leung et al., 1994). These three components should be integrated in the following: Mobilizing resources to deal with specific problems, building on the strengths of families, ensuring family preservation whenever possible, and actively engaging clients in evaluation progress toward the stated goal (Leung et al., 1994). These authors propose a training model to guide child protection workers to effectively use this approach. This training model is comprised of a series of questions related to social workers' attitudes, knowledge, and skills in all the three components of case work, for example, assessment, intervention, and evaluation. Examples of the questions are: "To what extent do you think services meet the needs of your clients"? "How often do you spend time to learn your client's culture"? "How much knowledge do you have about your client's culture"? And "what skills do you have that will enable you to work with this client population"?

The strengths based model is invaluable in child welfare practice. Clients of colour will feel empowered when child welfare workers effectively use this model. Empowerment raises clients self-esteem and confidence; which is the key to overcoming barriers in life (Lee, 2001). However, it may be challenging to use this model when resources are not available or are insufficient; especially in a small non-profit child welfare agency situated in a highly diverse community (Anderson, 1997).

Empirically based practice model. Bell, Wells, and Merritt's (2009) empirically based model of child welfare practice is adapted from the field of psychiatry. Seven community psychiatry field principles of health are mentioned and a discussion revealing how they can be effective (with empirical evidence) in child welfare. These principles include: Rebuilding/supporting the village, providing access to health care, improving bonding, attachment, and connectedness, improving self-esteem, increasing social skills of target recipients, re-establishing/strengthening the adult protective shield, and minimizing residual effects of trauma. These seven principles explain how important it is to involve community members in child welfare decision making processes for their children; especially with people of colour as professionals may not be aware of the cultures of their client population. Involving the family is one way of engaging and building relationships with clients. Relationship building is the key to learning people's cultures, which assists professionals to provide better services for their clients and in the case of this paper, people of colour. However, workers should take caution when they use this model since the article did not discuss the evaluation of some of these principles and how they may be effective in child welfare practice.

Culturally competent decision making model. This model is proposed by Cohen (2003) to assist frontline workers as they make key decisions in the process of child abuse investigation. This model tends to "understand the cultural, social, political, and economic factors that affect decision making" (Cohen, 2003, p. 143). It explains the different stages of casework (intake, safety and risk assessment, family assessment, case planning, evaluation, and closure), the goal of each stage, key decisions of each stage, and critical considerations when working with diverse families. The major themes that occur in all the stages include: the inclusion of families in all stages in the decision making process (collaboration and

communication), understanding the cultures of diverse families, ensuring that relevant services are provided for these families, being able to distinguish poverty and neglect, making use of informal support like extended family members, and using families strengths to set goals.

Cohen's (2003) model is similar to the strengths based and empirically based practice models. She explains how policies and organizational structures affect case workers' decision making, but she did not propose any change in policy or organizational culture to meet the needs of diverse populations; her recommendations are only for case workers. However, her model of CC is invaluable in child welfare practice with minority families as it tends to look at how the broader socio-political and economic factors impact use of CC. This broader perspective provides a lens through which child welfare workers could use to provide relevant assessments and interventions.

Anti-racist model. This framework was developed by Dei for teachers, but Maiter (2009) claims that it can also be used by other social scientists (including social workers) as it provides a lens through which the oppressive forces in society can effectively be analyzed. The major principles of this framework are: the examination of all forms of oppression, questioning of white power and dominance, a holistic understanding of human beings from their social, political, and cultural perspectives, constructing peoples identity, and respecting the values and cultures of people (Maiter, 2009; Miller & Gaston, 2003; Strega & Carriere, 2009). One concept that is useful in anti-oppressive work is empathy. Clarke (2003) conceptualized the concept of empathy to mean an exploration of clients intersectional worlds in order to develop a deep understanding of the oppressive forces that clients are experiencing. In this context, practitioners stray from being "experts" and position themselves as learners who know nothing and are willing to explore and understand clients

narratives in a respectful way. Maiter explains that this approach can add insight into culture and ethnicity, which can lead to enhanced services for people of colour.

The anti-racist framework is a good tool to use in assessments and interventions with people of colour as it tends to challenge the ideologies of the dominant population and analyses the social service situation (in relation to societal structures) experienced by minority groups in society. The idea that professionals accept the “I don’t know anything” position is quite appealing to me because it allows professionals to learn and understand clients stories from their perspectives free from pre-conceived knowledge and ideas. However, I wonder if this is truly possible? As professionals, we have a broad knowledge of the social world, our client populations, and our own values, beliefs, and prejudices which we carry along with us. To engage clients while pretending to be “empty” is something that I have questioned for awhile.

Change process model. Drawing from Prochaska and DiClemente’s five stages of change model, McPhatter and Ganaway (2003) propose activities that organizations and workers can engage in to create change. These stages are; pre-contemplation, contemplation, preparation, action, and maintenance. Activities in the pre-contemplation stage should raise awareness of the necessity for change. Consideration toward change should be the goal of the contemplation stage. The preparation stage is organized around making plans for change. Finally, the action stage is the point for executing plans, while the maintenance stage should involve efforts to stabilize the action changes. What I find interesting in this article is the idea that efforts to achieve CC should be a joint endeavour by top administration, management, and frontline workers, but how can this joint process be achieved if organizations and workers do not occupy the same position on the CC continuum (Cross, Bazron, Denis, & Isaac, 1989)? For example, if in an organization, top management is at the preparation stage

and frontline staff at the precontemplation stage, how will goals be achieved, or change be accomplished if the frontline workers who have direct contact with families lack awareness of the need for change? The process of change is an individual process and cannot be the same for everybody.

Culturally competent communication model. Teal and Street (2009) present a model of culturally competent communication for communicating with a physician or other medical encounters; however, it can also be applied in child welfare. Four critical communication elements are discussed; communicating repertoire, situational awareness, adaptability, and knowledge about core cultural issues. Cultural repertoire explains the effective use of verbal and non-verbal communication. Situational awareness, discusses the importance of attending to the patient's cues and expectations in order to predict misunderstandings that might arise stemming from physician-patient cultural differences. Adaptability explains the importance for physicians to adapt to different patients and to understand their various means of communication and behaviours. Knowledge about core cultural issues are concerned with the idea that physicians should have knowledge of important aspects of patients' cultures.

This model also highlights five communication skill sets: non-verbal skills, verbal skills, recognition of potential cultural differences, incorporation of and adaptation to cultural knowledge, and negotiation/collaboration. These skills are essential in developing the critical communication elements and vice versa. Physicians may not develop proficiency in all the elements at the same pace and not all skills may be used equally in developing the critical communication elements (Teal & Street, 2009). As social workers, we also need to develop skills in cross-cultural communication in order to better serve clients from diverse backgrounds.

Summary

This chapter defines culture, CC, and child welfare practice. In addition, it discusses the theoretical framework on CC, identifies challenges for CC, and examines some CC models. The Theory of Triadic Influence explains that people learn about discrimination from their childhood socialization processes and from formal education. This education impacts their use of CC. An anti-racist approach builds on this theory. It asserts that racism is entrenched in societal structures, which is the basis of discrimination. Cultural competency models propose ways to assist workers to minimize racist tendencies and enhance their knowledge and skills in their use of CC.

Chapter 3: Practicum Activities and Learning

Introduction

This chapter describes my learning objectives, methods used in achieving objectives, how they were achieved, what was learned, and how this learning was incorporated in my practice. Furthermore, it will provide a detailed explanation why CC training was not provided for NBHCFSS workers.

Learning Objectives

- 1) To increase my knowledge on child welfare procedures, legislation, and standards. This goal was achieved by reading; the CFCSA and practice standards, the Aboriginal Service Protocol and practice procedures, and other official documents like reports and court proceedings papers that were relevant for this topic.
- 2) To understand how NBHCFSS is set up (structured). This was achieved by studying the organizational chart and orienting myself (with the help of my agency supervisor) with the organization and service delivery.
- 3) Become especially familiar with some child welfare. This was achieved by observing experienced workers in contact with clients and subsequent follow up with clients, reading of case files, consulting with workers and my agency supervisor, and attending meetings and court sessions.
- 4) Examine how workers at NBHCFSS approach cultural competency (CC models) with clients from diverse cultural and ethnic backgrounds. This objective was met by observing experienced workers in contact with clients from diverse cultural and ethnic backgrounds and follow up with workers as cases progressed.

- 5) To practice my use of CC. This was achieved by providing some child welfare services to clients.
- 6) To provide CC training. This goal was not achieved as will be discussed in subsequent paragraphs.
- 7) To have discussions about CC practices with workers. Throughout this practicum, I had several discussions about CC with workers.

How Practicum Objectives were achieved

Different methods were utilized to achieve objectives; reading, observation, discussion, and consultation.

Reading.

During the first few weeks of my stay at NBHCFSS, I was involved in reading the CFCSA and the Aboriginal Service and Practice Protocol. These documents provided me with some understanding of the child welfare legislation and the Aboriginal Practice Standards. This knowledge was useful in my practice. My client's kids were placed under Interim Custody Order (ICO), which was pending court decision to be approved to Temporary Custody Order (TCO). My role was to provide support services for this family. From my assessment of the family's strengths, it was likely that their kids could move to a Continuous Custody Order (CCO). Thus, my goal was to prevent the process from reaching TCO in the first place by helping the family identify barriers in achieving goals set by MCFD. I provided support to the family (which was requested) to achieve these goals in order to get back their children. It was from my understanding of the CFCSA that I was able to do this job. My understanding from the Aboriginal Practice Protocol is; family preservation should be the focus of workers, services for Aboriginal families should be culturally oriented, and

children should grow to learn their culture. My work with this family was based on this premise.

Observation. Observation was the method applied to understand how workers approached CC. In the month of September and October, I accompanied workers to the TI'azten communities. These workers were the Child and Family Services workers, the Family Preservation worker, and the FGC coordinator. During visits in the community, I attended meetings with clients and their families, workers, and other community services providers. During visits, I observed the way workers communicated respect with clients and their families. I paid particular attention to greeting styles, communication styles, self-awareness, use of power, empathy, and attentive listening. I also observed how workers related clients' issues to their culture and history and the broader socio-political structure. As cases progressed, I took note of the way workers involved family and community members in clients' case plans. In addition, I observed the way workers maintained communication with clients, identified clients' strengths and barriers in achieving goals, and provided subsequent interventions and referrals.

I attended four FGC meetings; one in Burns Lake and three in Tache. During these meetings, I observed how they were coordinated around respect, family involvement in decision making and goal setting, use of family private time, and power differences. I also attended a Women's Support Group in Binche every Monday. This group was coordinated by the Family Preservation Worker. During group sessions, I observed; how the coordinator communicated respect with group members, how group members were empowered to make decisions regarding group norms and activities, and how these decisions were taken into consideration.

NBHCFS organizes a breakfast program once a month in Fort St. James. I had the opportunity to attend once, which gave me the chance to observe how workers engaged with homeless people. I also participated in the Halloween party organized in Tache, where I had another opportunity to observe how workers approached CC. I attended a couple of meetings with other community services providers in Tl'azten. One such meetings included an integrated case conference, which was attended by NBHCFS Tl'azten social worker and Tl'azten: Family Care Worker, addiction counsellor, and wellness worker. The purpose of the meeting was to assess a client's progress in achieving goals set by MCFD. During these meetings, I observed how workers advocated on behalf of their clients and how they pass on cultural knowledge about their clients to other service providers. In addition, I addressed and discussed cases that needed cultural interventions and provided suggestions and recommendations. I received feedback regarding my approach to CC in child welfare from my supervisor and workers. From my observation of workers, I gained an understanding of how CC is approached by workers at NBHCFS.

Discussion. During my practicum, I held discussions on CC and practice issues with my supervisor, NBHCFS workers, MCFD workers, and other social services workers. During visits in the community I asked workers questions specific to each case, brainstormed with workers to look for possible options, and proposed suggestions and recommendations. Before meeting with clients in the community, I read existing files (if there were any) on best practice to ensure that I had an idea of the presenting problem and what was already done. Discussions on CC and how it is applied was ongoing throughout my practicum. This helped to increase my knowledge on Aboriginal culture and how to provide culturally relevant assessments and interventions.

Consultation. Consultation was done on a regular basis with my practicum supervisor and some experienced workers. Part way into my practicum I did some hands on Child and Family Services work. Three families were assigned to me by my practicum supervisor. Services that I provided for these families included; help with legal aid application, home visits, assessing clients' strengths, identifying barriers in achieving goals, and providing needed support. I also accompanied clients to court and provided information about the court process. In addition, I provided loss and grief counselling and helped clients with information regarding housing and financial assistance. While working with clients, I consulted and sought advice and direction from my supervisor, experienced staff, and the team leader in Prince George office, in times when my supervisor was away. In the process of providing services for my clients and consulting with my supervisor, I gained a better understanding of the CFCSA, Child and Family Services practice, and Aboriginal culture.

Learning Carrier Culture

To be able to evaluate CC, it was important to learn about the cultures of Aboriginal people. This was achieved through the following: having discussions with workers, seeking supervision, talking to key members in the community about Aboriginal culture and traditions, and attending a cultural training for non-Aboriginal foster parents in Prince George. In this meeting, I learned about the purpose and significance of potlatches for Aboriginal people. In addition, I read three books that explain Carrier culture and history; *On Carrier History and the Indians in Fort St. James* (Klippenstein, 1992), *The Carrier My People* (Hall, 1992), and *Life at LeJAC* (Moran, 1992). From these books, I learned about the history of colonialism of Aboriginal people in the Fort St. James area, their culture and traditions, and how they did business in the past.

NBHCFSS and Cultural Competency

The aim of this practicum was to understand how workers at NBHCFSS approach CC and to provide a CC training based on issues that workers will identify. The following paragraphs detail findings about CC and how it was approached by NBHCFSS.

Agency level. NBHCFSS undertakes a number of culturally appropriate programs and initiatives. The Cultural Training Program for non-Aboriginal foster parents provides education on Carrier culture to non-Aboriginal foster parents. This program is organized into different chapters; each chapter teaches different aspects of the Carrier culture and traditions. According to the executive director of NBHCFSS, it is hoped that this education would allow foster parents to become more active in passing on cultural knowledge to their foster kids (M. Chase, personal communication, October 21, 2011). Furthermore, foster parents would be motivated to bring foster children to their communities especially during scheduled cultural events (M. Chase, personal communication, October 21, 2011).

Currently NBHCFSS is setting up a Child Welfare Committee (CWC) in Tache. The goal of this committee is to get community members to be involved in decisions regarding the wellbeing for their children (D. Mclelland, personal communication, October 18, 2011). Meetings are organized weekly, where members are taught different chapters of the CFCSA. It is hoped that community members would obtain a better understanding of the legislation governing child welfare practices (D. Mclelland, personal communication, October 18, 2011). With this understanding, community members would be empowered to work close with the child protective system to influence decisions regarding child apprehension (Lee, 2001). The implementation of the CWC is in accordance to what Bell et al. (2009) proposed for a culturally competent practice. According to these authors, the following are recommended practices that push CC forward: rebuilding/supporting the village, improving bonding,

attachment, and connectedness, improving self-esteem, increasing social skills of target recipients, and minimizing residual effects of trauma.

The Welcome Baby Program provides a bathtub full of gifts to welcome new babies. With the idea that people on reserves are poor (Finlay, 2007), this initiative is a way of helping mothers with baby essentials in order to assist in keeping their children safe. When children are safe, it will help to prevent the child protective services from the need to visit families. The Bags of Love is a similar program that partners with the Seventh Day Adventist Church to provide a duffel bag filled with gender specific books, hygiene essentials, and toys, to children and youths who are experiencing transition from apprehension, foster home breakdown, and crisis situations (*Agency Profile*, n.d.). In 2011, the agency hosted a cultural camp where kids in care and those adopted out came together for a five day event (M. Chase, personal communication, September 13, 2011). In this event, kids had the opportunity to engage with their families and participated in hands on cultural activities. In addition, the Community Breakfast Program serves homeless and starving people.

NBHCFS offers advocacy services geared toward preserving Aboriginal culture. For example, it challenges a new risk assessment tool compiled by MCFD for failing to incorporate cultural elements in its standards of practice (M. Chase, personal communication, September 13, 2011). This agency is influencing MCFD to make changes to the risk assessment tool, which will take culture into consideration and the present challenges facing Aboriginal people especially on reserves.

NBHCFS is able to use the history, culture, and challenges facing Aboriginal people to plan programs and offer services for this group of people. These programs are culturally oriented as they connect children with their families and communities. In addition, community members are involved in the planning and execution of these programs and

events. Aboriginal people have missed love and care from their parents as they were being adopted out and raised by non-Aboriginal foster parents who never brought them back to their communities (Blackstock & Trocmé, 2005). The idea of bringing kids in care to their communities to attend cultural events is an opportunity for parents to show love and provide care for their kids.

Individual level. Workers at NBHCFSS combine aspects of different CC models in their work with Aboriginal people. When NBHCFSS receives a call from a community member or from MCFD about a case that needs child welfare services, the supervisor assigns the case to a Child and Family Services worker. First, this worker contacts the band representative (BR) before meeting with the family or client involved. The worker asks the BR if the client would like her to be present in the first visit. Cohen's (2003) culturally competent decision making model explains that workers should ensure that families and communities are contacted and involved in all stages of child welfare decisions. If the client agrees to the BR accompanying the worker to the visit, it is adopted.

During the first visit, workers introduce themselves, clarify their roles, discuss confidentiality guidelines, and share the information they received from the office that warranted the visit. I have witnessed workers asking clients how they would like to be addressed. Respect is one aspect of CC that I noticed workers facilitate with every family. They always make sure that clients are greeted appropriately and they use simple and clear language with clients. Teal and Street's (2009) culturally competent communication model explains the importance of knowing clients' cultures and communicating respect through the use of appropriate language when working with clients of colour. According to the coordinator of the foster parent training, respect is an important component in Carrier culture (V. Prince, personal communication, October 21, 2011).

After sharing information with clients, workers allow time for clients to say what they think about the situation before they proceed. Workers ensure that they exercise patience and they take time to listen to clients issues in order to obtain a thorough understanding of clients problems from their point of view (Heydt & Sherman, 2005; Terao et al., 2001).

All relevant questions relating to the case situation are asked. I noticed that workers always ask about the client's financial situation, housing needs, health conditions, support system, losses, and other life events and challenges. Workers tend to explore all areas where clients' issues might be coming from. In most cases, during discussions with workers, they have elaborated on the system and how it contributes to clients issues. The anti-racist CC model reconceptualized the concept of empathy to mean an exploration of clients intersectional worlds in order to develop a deep understanding of the oppressive forces that clients are experiencing (Clarke, 2003).

Workers ensure that they provide necessary information for clients regarding the child welfare procedures. In addition, they make sure they explain options that are available for clients and what services are available in the community before clients make decisions. In cases where meetings need to be convened, clients are informed of their right to include family members in their care plans. During meetings, families are allowed to share their concerns and make suggestions and participate in planning. Workers ensure that they take into consideration the decisions of family members if clients are in agreement to this. When other community services providers are involved, workers ensure that clients sign a consent form for release of information. Clients' strengths are assessed before referrals to services are made. The strengths based CC model is one that recognizes where clients are coming from, respects and considers ideas and suggestions from clients and their families, assesses what clients are able to do, and works from these strengths (Leung et al., 1994). Workers at

NBHCFS have attained what McPhatter (1997) proposed in his CC attainment model. In this model, McPhatter explains three things that child welfare workers need to achieve; enlightenment consciousness, grounded knowledge base, and cumulative skill proficiency. These three components explain a CC process, which starts from changing one's mindset from cultural bias to skill development.

My practicum activities provided me with an understanding of how CC is approached by the Child and Family Services workers, the Family Preservation worker, and the FGC coordinator. The following paragraphs illustrate examples of cases where workers demonstrated CC. In these examples, the client's name will not be mentioned: the letter A will represent the client.

Case example 1. Client A from Tache has 4 kids in Interim Custody Order (ICO). The kids were removed because there were concerns about the client's drinking and drug misuse, family violence in the home, the parents poor parenting skills, and the children being unsafe in the home. MCFD referred client to parenting classes, stop the violence counselling, and alcohol and drug counselling. From MCFD's standpoint, the client's attendance and progress in these programs would determine if the client would have her children returned. Client A was assigned to NBHCFS for support services. NBHCFS's Family Services Worker contacted Tache BR and asked if she could meet with the client, and if the client would want her to be present in the meeting. BR contacted the client and the client was in agreement that the worker could meet with her without the presence of the BR. On first contact, the worker demonstrated respect with regard to proper greeting. Client A said that she would like her partner to attend the meeting. The worker knew from the information in existing files that client A's partner has two first names, so she asked the client's partner how he would like to be addressed. Client A's partner expressed that he does not like it when

people call him by name A, as he hates that name. The worker promised to always go by the name he preferred. The worker signed a Support Services Agreement with client A. The worker performed home visits to client A on a weekly basis. During these visits, the worker assessed her strengths and this was communicated to client A. Client A was happy to know that her worker could acknowledge that she was able to make some positive steps in order to get her children back. The worker also helped client A to identify barriers in achieving goals and provided needed support to ensure this happened. In addition, the worker followed up with other social services workers and counsellors who were working with client A to find out about her attendance and progress. Client A was not meeting up to MCFD's expectations as she was not attending counselling and other recommended programs on a regular basis. In a FGC review meeting, client A's MCFD worker announced with a hard tone of voice that client A was not doing anything to get her children back and for the reason, she was carrying the process to Temporary Custody Order (TCO).

The FGC coordinator wanted to get my feedback on the FGC. I explained that client A was seeing too many counsellors and that it may be stressful for her to meet up with MCFD's expectations given the multiple stressors (loss and grief issues, homelessness, poverty, alcohol and drug related issues) she was currently experiencing. Client A's worker discussed this with her, who confirmed that this was her reason for not attending counselling on a regular basis. The worker was able to influence client A's MCFD social worker to convene another meeting to change client A's care plan. The new plan was based on client A's strengths and what she was capable of doing.

Case example 2. The FGC coordinator convened a meeting to develop new plans for clients A. Client A was informed that she could invite family and community members in this meeting. The FGC coordinator had two flip charts on the wall; on one chart, she had

written client A's strengths and on the other chart, she had written the resources available that client A could utilize. When the meeting began the FGC coordinator asked everyone to say the strengths that client A has, and the answers were written on the strengths flip chart. The previous plan was read and client A's progress was announced. The FGC coordinator asked client A and her family members to make suggestions for the new plan. The FGC coordinator understood that a break was required, and announced that people should take a break if they needed to. She allowed the family to have a private time where they could make decisions based on the information provided in the meeting. There was no time limit for the family private time. The FGC coordinator wanted to get feedback about the coordination of the meeting. I explained that her strengths based approach to CC was awesome, which she was happy to hear. The FGC coordinator: empowered the client and her family members to make decisions, acted as an enabler by encouraging and motivating the client to continue working on her strengths, and was able to identify resources (extended family members) available to the client that she could utilize.

Case example 3. The Family Preservation worker organizes women's support groups in Binche, which I attended on a regular basis. The goal of the group is to get women to come together to perform activities. Before group sessions, the worker will, at times, pick up members from their homes to attend the group. When she was asked why she does this, she explained that they need to be encouraged to attend group meetings and that transporting women to attend the group meetings is the approach she uses to motivate women to continuously attend (B. Wilkes, personal communication, September 21, 2011). During meetings, members engage in group activities like food making and scrap booking. The worker always asks women what they would like to do in the next meeting and she always facilitated what the women wanted to do whenever possible. During one group, the women

expressed their wish to make a particular meal, which was really expensive. The worker explained to them in a polite manner that her budget was limited, which meant she would not be able to satisfy their wish.

My role in the support group was to empower the women to make decisions on learning topics. However, my first attempt was not successful. I had suggested learning topics on a piece of paper so that the women could have an idea of what my goal was. It was surprising that the women were not able to come out with any decisions based on the sample topics. In discussions with the Family Preservation worker about this, she explained that some of the women cannot read and understand, thus the piece of paper did not make any sense to some of them. The worker explained that some people on reserves did not achieve the level of education that permits them to read and understand the information as I had presented it. She related this to colonialism and how it impacted Aboriginal people in a way that left them with little education and poor skills. The worker mentioned that the best way to communicate my goal to group members was to bring it in discussions. As she is also an Aboriginal woman from the same community, she is very knowledgeable about her people and knows how to use this knowledge in her practice.

CC, A Different Viewpoint

The aim of this practicum was to understand how workers of NBHCFSS approach CC and to provide a CC training based on issues that workers will identify. The literature (Anderson, 1997; Bell et al., 2009; Cohen, 2003; Leung et al., 1994; Maiter, 2009; McPhatter, 1997; Miller & Gaston, 2003; Weaver, 1999) on CC in child welfare with minority clients, explains that child welfare workers do not make appropriate use of CC; however, from my observation, participation, and discussion with workers, I found that workers at NBHCFSS use CC in appropriate ways. Before I started this practicum, I had assumed that workers are

culturally incompetent. This assumption stemmed from information from the literature; thus I had a pre-conceived idea before walking in to NBHCFSS.

During the first three weeks of my stay in this agency, I was critical in picking out those negative aspects that I had assumed as characteristics of workers who lacked cultural competencies when working with people of colour. To my greatest surprise, I could not find what I was looking for. I said to myself that maybe it was too early to make any conclusions, so I allowed myself time before making any conclusions. After seven weeks, I still could not find those negative aspects that I had learned and predicted would appear. In my discussions with workers, I wanted to know the challenges that they face with their clients with regard to CC. All of the workers mentioned that policies impact their use of CC. The main points that came up included: lack of funding, resource shortage, relationship challenges with MCFD, time constraints, and community members lack of interest to participate in initiatives. I also noticed that the agency was critically short of staff, which has a huge impact on CC. Since I did not find any issue with the use of CC at the micro level, I did not provide the CC training for workers. However, since the agency is constantly hiring new graduates who may not have any experience in Aboriginal child welfare, I thought it was important to compile a strengths based culturally competent assessment tool, specifically recommended for new hires. The compilation of this tool was based on my case work experience in this agency and the issues that some workers and I identified as major challenges facing people on reserves.

Challenges Faced by NBHCFSS

Lack of funding. NBHCFSS gets its funding from both the federal and provincial government, which is not sufficient to run their own programs or to run programs in ways they prefer (D. Mclelland, personal communication, September 8, 2011). Resource shortage is not a new concept in social work practice. Barnoff, George, and Coleman (2006) explain

that lack of funding forces social workers to operate in survival mode, which affects caring. For example, according to the Family Preservation worker, one of the things that attract women to the support group is food (B. Wilkes, personal communication, October 4, 2011). At one time, the women in the support group program expressed interest in making a particular meal and to organize a picnic. The Family Preservation worker and I explained to them that we were working on a limited budget, which would not support this. Getting women to attend the support group was an issue; an average of three women attended the group. The support group is useful in the sense that it increases networking between families and reduces loneliness, which is a major cause of sexual abuse, family violence, and family breakdown (EDA Rural Systems, 2006). If suggestions made by the women are implemented, I think it will encourage them to attend group meetings on a regular basis, and may even encourage new members to join the group.

Lack of funding impacts workers use of CC when they are not able to provide services for clients. In a community where poverty, loneliness, family violence, and alcohol and drug addiction are predominant, getting families together with the aim of supporting each other is a culturally relevant intervention that could have a positive impact on all community members.

Challenges in getting community members to participate. It has been a big challenge for NBHCFSS to get community members to participate in decisions and programs which are meant to improve their wellbeing. As mentioned in a previous chapter, this agency is currently setting up a CWC in Tache. Meetings are organized once a week. I attended three of these meetings and the turnout was really poor; in the first meeting, three community members attended, and in the second and third meetings there were only two community members in attendance. In a few instances no meetings were held because no one was

available to attend. I wanted to know how community members were informed about the CWC. My practicum supervisor explained that there was enough sensitization and information sharing in the community about the CWC. The approaches used to spread this information were through posters, flyers, and verbal communication (D. Mclelland, personal communication, September 22, 2011).

I spent a week in the Prince George office, where workers explained the challenges in getting youth in the Prince George area to connect with their communities and culture. The team leader explained that these youth have spent most of their years with non-Aboriginal foster parents and in group homes where they were not encouraged to connect with their communities and culture. In this context, these youth lost interest in uniting with their communities and culture. Since the goal of NBHCFSS is to maintain cultural connections, it is the duty of the agency to get these youth connected to their roots, which has not been easy (C. Ghostkeeper, personal communication, October 8, 2011).

It is not surprising to see Aboriginal people being reluctant or resistant to embrace ideas and initiatives in child welfare. Jones (2010) explains that Aboriginal people have lost trust in the child welfare system as their children were removed in large numbers during the 60s scoop. Hemingway and Bellefeuille's (2007) article is a good example to show how failed governmental promises about community governance in Aboriginal communities have contributed to the mistrust Aboriginal people have for the government. This analysis could also explain why community members in Tache are disinterested and reluctant to participate in the CWC initiative.

Resource shortage. Anderson (1997) explains that resource shortage impacts the use of CC. According to a drug and alcohol counsellor in Tache, there is a significant gap in resources in the Fort St. James area (R. West, personal communication, November, 24, 2011).

In addition, he mentioned that there are no intensive culturally oriented treatment centers based in the Fort St. James area. He explained further that he has to refer clients to Round Lake for treatment, which comes with its own challenges. The waitlist period is too long and funding is sometimes an issue. When clients come back from treatment, there are no follow-up programs in the community to support clients to prevent relapse. They come back and meet the same people who have the same issues and the cycle continues. As an alcohol and drug counsellor, seeing clients once or twice a week is not enough to heal some people who suffer from addiction (R. West, personal communication, November, 24, 2011). With the idea that alcohol and drug addiction is a major problem in these communities (*Agency Profile*, n.d.), an intensive culturally oriented healing program would be a huge asset for people suffering from alcohol and drug related issues.

There are huge shortages of foster homes in both communities. There are not sufficient foster parents on reserves or in Fort St. James (D. Mclelland, personal communication, November, 24, 2011). Mclelland explained that part of the reason for this situation is that some people cannot become foster parents due to past criminal records. Furthermore, there are housing issues in Fort St. James area, which prevent people from meeting the requirements to foster. Because of this resource gap in the community, children removed are placed in foster and group homes in different communities where connections with families become strained (D. Mclelland, personal communication, November, 24, 2011). In one instance, a worker volunteered to provide shelter for some kids for a couple of days before an appropriate placement facility was located.

When children do not live in their communities, it is likely that they will not grow to learn their culture. NBHCFSS arranges scheduled visits to foster kids who are placed in

different communities. However, according to the coordinator of this program, it has its issues as well (C. Soderstrom, personal communication, December 1, 2011).

Relationship with MCFD. Sometimes, MCFD's relationship with NBHCFSS does not permit CC practice and services. The Special Services for Children and Families (SSTC) program arranges scheduled visits for families to visit their children who are placed in different communities and vice versa. The coordinator of this program explained that MCFD contracted NBHCFSS to facilitate this program; thus its policies are influenced by MCFD (C. Soderstrom, personal communication, December 1, 2011). This situation is typical of government bureaucracy, which exerts power over those it funds (Mills & Simmons, 1999). In this program, if a family misses two visits in a row, visits will be put on hold until further review by MCFD. For example, when my client missed three visits in a row, she still expressed interest in visiting her children. I discussed this conversation with the coordinator of the SSTC program. Soderstrom explained that at that point in time, she could not influence the situation because of how the policy is determined by MCFD. In this situation my client was supposed to negotiate future visits with her MCFD social worker, which she explained was overwhelming for her. Furthermore, she explained that it was stressful during winter to travel from Tache to Prince George to spend only 2 hours with her child, and to perform the same routine the following day to visit her other child in Burns Lake. She added that at the same time, MCFD was asking her to do so many things within the same time frame, such as attend parenting classes, alcohol and drug treatment, and stop the violence counselling. C. Soderstrom (personal communication, December 1, 2011) suggested this as a possible reason why my client missed her visits. She explained that it could be possible that my client was drinking, which could be linked to poverty, stress from the child protective system, and the effects of other issues that Aboriginal people face in Canada. Soderstrom was able to relate

the situation to the history and culture of Aboriginal people on reserves in her analysis, which shows her level of CC. Other workers also cited numerous examples that narrated instances where their relationship with MCFD impacted their use of CC.

MCFD is supposed to identify clients' strengths and provide interventions accordingly (Loar, 1998). Hess and Proch (1988) suggest that barriers to visitation and family strengths should be explored before planning for scheduled visits. In addition, agencies should be flexible with regard to scheduling visits, as well as, provide for more allowance for parents to visit their children (Hess & Proch, 1988). When agencies' policies regarding how to run their own programs are determined by outside bodies that have conflicting ideologies and missions, issues are likely to arise. Such situations have a great toll on the level of cultural intervention that agencies can offer for their clients.

Issues in northern remote social work practice. Several authors have written about social work practice in northern remote areas and the challenges attached to northern practice (Schmidt, 2000). Generally, the north is usually described as having certain characteristics like isolation, remoteness, lack of services, and personal hardship (Schmidt, 2000). Given that Fort St. James exhibits some of these characteristics: it could be considered as a northern locality. My experience working with a client exemplifies some of the issues in northern practice. The biggest challenge that I faced was in locating clients. In one case, it took me close to two months to locate a client. This client did not have a home of her own, thus her two children were living with relatives; an elder son and her niece. The elder son had issues with drug use but MCFD was not involved. My client was from Nak'azdli and was living with her elder sister in Nak'azdli. When I contacted the Nak'azdli BR for assistance in locating this client, she took me to my client's elder sister's house, where she thought my client was living. We met her sister who told us that my client lived with her only

temporarily and that she was at the moment living in Tache. My client's sister did not disclose my client's contact details.

Finally, one of the workers at NBHCFSS located my client, after the Tache BR could not provide me with any information regarding my client. However, this worker did not have a contact number where she could have been reached. I decided to go to Tache with the worker to search for my client. I finally met my client on the street; unfortunately we could not have any discussion because it was not a safe place. However, a meeting was arranged. On the day of the meeting, my client was not available and there was no way I could contact her as she did not have a cell phone. I spent about 6 hours driving to and from Tache in three different attempts to look for my client, to no avail. Other workers explained that they faced the same challenge.

McPhatter and Ganaway (2003) identify that time constraints are a huge barrier for achieving CC at the personal level. Travel time is a huge issue in northern remote social work practice compared to practice in the south. When I spent a week in Prince George office, I noticed that workers use a maximum of fifteen minutes to drive to clients homes and they always make sure that they call to confirm that clients are expecting them before heading off. This reduces the amount of time spent on a particular client.

I experienced that some clients could not read and understand. This situation is well explained by Martinez-Brawley (2000) in her analysis of remote social work practice. When I helped one of my clients to fill-out an application form for Legal Aid, I noticed she could not comprehend some of the points that were explained on the form. I spent about four hours in the process of explaining and filling-out the forms. Another experience was in the Women's Support Group, where I had presented learning topics on a piece of paper to guide women to come up with ideas of what they could learn from the group. After all the women

had seen the sample topics, nobody was able to make any suggestion of what they would like to learn. The Family Preservation worker explained that some of the women cannot read and understand and that the best approach for this was to bring possible learning topics up during general discussions in the group. I had to use this recommendation in the next group session, which created a delay in service provision. In urban communities, these issues may not be visible or only to a limited extent (Schmidt, 2000). Anderson (1997) explains that CC means workers have to attend to clients in a timely manner, which means delay in service provision impacts workers use of CC.

Staff shortages. One of the major challenges facing NBHCFSS is staff shortages. Presently, there is no resource worker who facilitates home studies for approved foster homes (D. Mclelland, personal communication, October 10, 2011). Given the fact that lack of sufficient foster homes in the communities is a current crisis the agency is facing (D. Mclelland personal communication, October 10, 2011), having a resource worker is invaluable. Staff shortages cause delay in service provision. For example, a client who was assigned to me did not have the opportunity to meet with her worker for a couple of months because the worker was too busy with other clients. Staff shortage is causing the supervisor to take on front line roles, while neglecting his own duties in supervision (D. Mclelland, personal communication, October 10, 2011). This has a great impact on CC.

The challenges facing NBHCFSS are mostly linked to governmental policies that do not favour culturally competent practice and services. The issue of poverty, housing, resource shortages, and the legacy of the residential school perpetuate the challenges that workers face. Policies do not tend to address these issues, which are more evident on Aboriginal reserves. Until the government begins to address these issues, workers and Aboriginal child welfare agencies will continue to face these same challenges on a daily basis.

Summary

This chapter explained my practicum objectives and how they were achieved. In addition I reflected on my learning experiences, how workers at NBHCFSS approach CC, and the challenges faced with regard to the use of CC. My major objective was to observe how workers approach CC and to provide a CC training for workers. It was identified that challenges faced are not linked to workers cultural incompetency, but to meso and macro levels issues like lack of resources, influences from MCFD, the nature of remote practice, staff shortages, funding issues, resource shortages, and communities' reluctance to participate in child welfare decisions.

Chapter 4: Discussion

Introduction

The aim of this practicum was to understand how workers at NBHCFSS approach CC. This chapter discusses CC in this agency and examples of how workers make proper use of CC. This discussion is organized into; agency culture and mission statement, agency size, influence from Aboriginal worker and workers' willingness to learn, and the perspectives of the writers on CC in child welfare.

Agency's Mission Statement and Culture

Corwin (2006) mentions that one of the things that promotes improvement in CC is when an agency has a well-defined mission statement articulating long term goals and action plans through which the goals can be achieved. CC is clearly articulated in NBHCFSS's mission statement. In this statement, there is an emphasis on strengthening and keeping families together in the context of Aboriginal culture. This could be an explanation for the proper use of CC by workers at NBHCFSS.

The organizational culture of this agency is one that promotes togetherness and communal life, which is typical of Aboriginal culture. Every Monday and Thursday, workers spend an hour together having Bannock, which is an Aboriginal food. Sometimes, other community agencies and organizations like the Royal Canadian Mountain Police (RCMP), and MCFD are invited. This shared breakfast event shows a good sense of the agency's connection with other service providers. During these meetings, workers share information about Aboriginal culture and community events. Meetings also remind workers of their commitment towards preserving Aboriginal culture. McPhatter (1997) explains that environmental culture influences people's behaviours. When people learn about other cultures, they begin to internalize, accept, and appreciate different cultures (McPhatter, 1997).

This learning process helps workers to develop skills in multicultural practice (McPhatter, 1997). The agency's mission statement and culture are strong influences on workers appropriate use of CC.

Agency's Size and the Bureaucratic Process

NBHCFS is a small organization with six members on the board of directors, an executive director, a supervisor and ten workers. The bureaucratic process of smaller agencies is less complex compared to those of larger agencies (Mills & Simmons, 1999), which encourages and promotes effective flow of information and productivity (Coulson-Thomas & Coe, 1991). Large organizations have complex bureaucratic structures, are oppressive, and diminish the authority of service recipients (Coulson-Thomas & Coe, 1991). Furthermore, they are organized through formal rules and procedures, which are characterized by routinization, specialization, and standardization (Mills & Simmons, 1999).

NBHCFS is characterized by a flat bureaucratic structure, which means, a non-hierarchical system of governance (Coulson-Thomas & Coe, 1991). The members of the board of directors are community members who meet at least once every two months with the executive director and the supervisor to review reports on the agency's activities (*Agency profile*, n.d.). Staff supervision is on-going. Even though staff has assigned supervision time, they are allowed to meet with the supervisor at any time when the need arises. There is no hierarchical process of information sharing. Workers are free to walk up to the executive director to seek or share information or discuss concern(s). This non-linear hierarchical structure promotes easy flow of communication (Ashkenas, Ulrich, Jick, & Keer, 1995) and expands knowledge of culture and CC in different dimensions.

Influence from Aboriginal Worker and Workers Willingness to Learn

Zon et al. (2004) explain the importance and usefulness of having Aboriginal workers in child welfare agencies. According to these authors Aboriginal workers understand their people and have a better approach to relating with them and providing services for them. Furthermore, Aboriginal staff holds discussions on Aboriginal history and culture, which clarifies for non-Aboriginal staff about how things are done in Aboriginal culture, answers questions on cultural approaches and interventions, and communicates this in appropriate ways respecting Aboriginal clients. One of the staff in this agency is of Aboriginal heritage and she does a good job in passing on cultural knowledge and intervention techniques to other staff. This has a positive influence on workers use of CC. For example, in a conversation with this worker, she explained to her colleagues that in Aboriginal culture, it is disrespectful to refuse a gift especially in a potlatch ceremony (B. Wilkes, personal communication, October 10, 2011). A non-Aboriginal staff was able to use this knowledge in building relationship with her client. Once, I accompanied the non-Aboriginal staff to a home visit. The client whom we visited offered the staff and I two packs of moose meat. I was reluctant to collect the moose meat for fear of exploiting the client. When the other staff accepted the gift, I also collected the moose meat from the client. When we left the client's home, the worker mentioned that she learned from the Aboriginal worker that to deny a gift from an Aboriginal person communicates disrespect: that was why she collected the gift.

It was a learning process for me as I used this experience to build relationships with my clients. I was offered moose meat twice from a particular client. I thought it was a good idea to give back, so when this client asked me for help with a winter jacket, I did not hesitate to promise her one. I also learned from the coordinator of the cultural training for foster parents that giving back is one of the reasons why Aboriginal people celebrate potlatches (V.

Prince, personal communication, October 21, 2011). This helped me to build a good working relationship with this client. Aboriginal workers are valuable assets for child welfare agencies as they pass on cultural knowledge to other staff, which pushes CC forward.

Perspectives of the Writers on CC in Child Welfare

It should be noted that most of the articles on CC in child welfare that were reviewed by the author, were mostly written in the context of the government child protective system. The government child protective system (MCFD) is delegated under C6, which gives it the authority to provide the following services; intake, investigation, taking charge of children, risk assessment, risk reduction, ongoing protective family service, and to investigate allegations of child abuse (MCFD, n. d). NBHCFSS is not delegated under C6, thus it does not provide C6 delegated services. Service provision under C6 and C4 follow different procedures and use different methods of service delivery. For example, under C6, a worker has authority to remove a child (D. Mclelland, personal communication, September 8, 2011). This can be a stressful event for both the worker and the family. Moreover, such situations can greatly affect the longstanding relationship between a worker and a client, which will impact the way future services would be offered for the client. NBHCFSS acts as an advocate on behalf of families, thus families are likely to establish good working relationships with NBHCFSS workers throughout the helping relationship compared to MCFD workers (D. Mclelland, personal communication, September 8, 2011).

Even though NBHCFSS works in collaboration with MCFD and uses the same CFCSA, it is a non-governmental agency that serves Aboriginal people; thus it has an Aboriginal practice protocol and standards that it applies. In this context, things are done differently compared to MCFD. It has been noted that the devolution of child welfare services for Aboriginal people in Canada to Aboriginal child welfare agencies has yielded

positive outcomes for Aboriginal children and families (Jones, 2010). Some of these outcomes include new culturally appropriate resources and better quality services like prevention and resource development initiatives (McKenzie & Flette, 2003).

For example, in a discussion with the executive director of NBHCFSS, she mentioned that since the creation of the agency in 2002, a lot of changes have been registered with regard to culturally competent programs and services for Aboriginal families in the Fort St. James area. She mentioned the cultural camp events, the cultural training for non-Aboriginal foster parents, the SSTC and the Family Preservation program, the creation of the CWC in Tache and so on (M. Chase, personal communication, September 13, 2011). Maybe if this practicum tenure was conducted in a government setting like MCFD, things would have been experienced differently. In addition, if there was a research component in this study maybe, findings would have been different. In this context, I suggest that future practicum students should target government child protective service agencies or perhaps divide time between the two agencies to understand the views from both structures. In cases where students wish to conduct a practicum in an Aboriginal child welfare agency, it is recommended that a research component be incorporated in the study. Their experiences and findings could be compared with this report. This comparative study may elicit differences in both agencies and studies and possible reasons for the disparities.

Summary

This chapter discussed possible reasons why workers at NBHCFSS make proper use of CC. The agency's culture and mission statement promotes cultural knowledge and helps workers to develop skills in multicultural practice with Aboriginal people. The small size and non-linear hierarchical process encourages and promotes easy flow of communication, which is an important aspect of best practice. The presence of an Aboriginal worker in the agency

is seen as a contributing factor in pushing CC forward. The context of the literature in this report focuses more on CC in government organizations, which is different from the agency where this practicum tenure was conducted. This could explain why the experiences and findings from this practicum tenure seem to be somewhat different from the general perspective of the literature.

Chapter 5: Conclusion and Recommendations

Introduction

During this practicum tenure, some issues were identified (see chapter 3) with regard to workers use of CC. This chapter provides some conclusions based on this practicum tenure. In addition, it suggests recommendations based on the issues identified.

Conclusion

As mentioned previously, the purpose of this practicum was to understand how workers of NBHCFSS approach CC, identify the challenges that they face, and work collaboratively with them to provide a CC training based on these challenges. NBHCFSS is a C4 delegated Aboriginal child welfare agency that provides services to Aboriginal people of the Tl'azten Nation and Nak'azdli band in the Fort St.James area. Objectives of this practicum were achieved by observation, consultation, discussion, reading, and practice.

During this practicum tenure, it was realized that workers in this agency make appropriate use of CC, which means they have attained a high level of CC. Workers show respect for their clients by using appropriate greeting styles, ensuring clients' opinions are respected, and acknowledging, appreciating, and accepting clients cultures. Workers demonstrate a good understanding of clients' history, culture, and traditions and they use this information in service provision and program planning and implementation. Family and community members are always involved in all stages of service delivery. The agency employs Aboriginal and non-Aboriginal workers, which reflects a culturally diverse workplace. Cultural events are organized throughout the year. The most significant change that this agency has brought in Aboriginal child welfare is the SSTC program that connects kids in care with their biological families through scheduled visits.

The literature on CC in child welfare gives an impression that child welfare workers are racist toward clients of colour. However, this practicum tenure did not confirm this idea as it was observed that workers in this agency have attained a high level of CC. This does not mean that they do not face challenges. Challenges faced are not directly linked to workers' application of CC per say.

Challenges in using CC could be seen from different levels. At the meso level, workers find it challenging to get people to belong in child welfare matters that would enable them to influence decisions that concern the wellbeing of their children, families, and the community as a whole. At the macro level, lack of funding and resource shortages have a huge impact on workers use of CC. Certain programs like intensive culturally competent drug and alcohol treatment programs cannot be implemented by the agency. Clients have to be referred to out of town healing programs, which comes with its own issues like funding, accommodation, and so on. In addition, funding cuts impact program frequency and implementation.

The agency's relationship with MCFD is at times stressful, which impacts workers' use of CC. This happens especially when policies regarding how to run their own programs are determined by MCFD, which has conflicting ideologies and mandates. In this context, issues are likely to arise.

Staff shortages and issues in northern remote social work practice are yet other avenues that impact effective use of CC. When there are not enough workers to provide services for families, the supervisor of delegated services takes on frontline work. In this context the supervisory role is not well handled. The nature of the north in the context of geographic location and travel time causes unnecessary delay in service provision. These meso and macro level challenges directly have influence at the micro level of practice, but do

not mean that workers are racist. Child welfare and other governmental policies are the major causes of these challenges. The issues facing Aboriginal people of Canada are beyond the child welfare system. Other issues that face Canada like poverty, remoteness and lack of services, homelessness, alcohol and drug use and misuse, and family violence are social problems that impact use of CC. There should be no reason why a person in an isolated remote community should not have the same services as another in a non-isolated community. These things need to be addressed as well. Changes will only take place when these issues are addressed as well as when Aboriginal child welfare policies make proper accommodation for culture.

Possible reasons to explain workers high level of CC are; the agency's mission statement and culture, which make allowance for more culturally competent practice, the agency's size and less complex bureaucratic structures, which allows easy flow of communication, cultural influences from an Aboriginal worker, which carries CC forward, and the idea that the literature reviewed was in the context of government child welfare agencies, which is different from non-governmental agencies.

Recommendations

Based on my practicum experience at NBHCFSS, I have some recommendations, which I hope may assist with the improvement of CC at NBHCFSS and potentially other Aboriginal child welfare agencies in Canada.

Aboriginal people have a unique history and experience from colonialism, residential school, and the 60s scoop, which are noted in the literature as major causes of their troubles (loss of culture and identity, intergenerational trauma, alcohol and drug related issues, sexual abuse, poverty, homelessness, and so on) in Canada (Blackstock & Trocmé, 2005). These aspects (which are more evident on reserves) are directly linked to the high involvement of

Aboriginal children in the child welfare system (Blackstock & Trocmé, 2005); thus they need to be understood and addressed in this context. In this regard, policy makers should consider the importance of creating a healthy environment by implementing a reconciliation process with Aboriginal people.

A reconciliation process would implement policies that will encourage an increase in funding for Aboriginal specific programs and child welfare agencies. Increased funding would assist Aboriginal child welfare agencies to plan initiatives and execute culturally sensitive programs that they have identified to be of need in the communities they serve.

Hypothetical examples of culturally sensitive programs and services include wellness and healing programs for Aboriginal people on and off reserves. In some cases where clients have to travel to different cities for treatment, support services like transportation, accommodation, and child care services should be available when the need arises.

A reconciliation process would motivate Aboriginal people to start to build trust in the child welfare system, which may encourage communities to participate in decisions regarding the wellbeing of their children, families, and communities.

Policies should encourage people to voluntarily attend these programs rather than waiting on MCFD for referral as a result of involvement with child abuse cases. This is because when parents become involved with MCFD, they might experience added stressful conditions. Therefore, the focus should be on prevention and referrals for programs and services that target behaviour change, rather than removal.

It was observed that poverty and homelessness are two areas that bring Aboriginal people in contact with the child welfare system. Prevention strategies should include for example, policies at all levels of government that promote the building of quality and affordable houses especially on reserves. Quality housing would assist some Aboriginal

homeless people to have shelter, which will help to prevent their children from being apprehended as a result of neglect.

Another prevention strategy is the reduction of poverty through creation of more jobs, provision of support for people who are seeking re-entry into the job market, uplifting the two-year time limit rule, as well as, the two-year independent test on welfare (Klein & Long, 2003), and the provision of more educational options on reserves. More permanent job opportunities should be created on reserves, in this case, people who want to work will not have to depend on social assistance, or exhaust their employment insurance during off work seasons. As Jones (2010) explains, there are so many stressors related to poverty, which impact people's ability to parent, thus a poverty reduction strategy will help to prevent people from having involvements with the child protective system.

Policies should encourage more effective collaboration between MCFD, NBHCFSS, and other child welfare agencies that serve Aboriginal people. A collaborative relationship will promote better understanding of each other's goals. This will help to minimize conflict and will promote effective services for Aboriginal children and families.

Policies should allow NBHCFSS and other Aboriginal child welfare agencies to be autonomous in the way they run their own programs. This level of independence would allow these agencies to develop policies for their programs according to the context of their agencies mission statements and visions.

At the agency level, more Aboriginal staff should be employed. Government policies should encourage more Aboriginal people on and off reserve to develop education and skills that will allow them to take positions in Aboriginal child welfare agencies. Moreover, Aboriginal staff in Aboriginal child welfare agencies will help to push CC forward. This

initiative would also help to fill positions in Aboriginal child welfare agencies that serve people residing on reserve.

Organizations and agencies should maintain continuous advocacy for policy change. Agencies should lobby for funding from the government and other donor organizations in order to develop and implement more culturally sensitive programs and placement initiatives. In addition, agencies should initiate activities geared towards generating funds.

Social workers should conduct more research on this topic, which would inform policies and program developers. Social workers should help create awareness of this issue for those who are directly impacted. Consciousness raising would encourage those impacted to form alliances, whose goal would be to address these aforementioned issues. Alliances may yield better results rather than an individual approach.

Summary

The aim of this practicum was to understand how workers at NBHCFSS approach CC, to identify the challenges they face, and to work with them to provide a CC training. It was observed that workers in this agency have a high level of CC and that challenges they face are not directly linked to their use of CC. Issues at the meso and macro level impact workers' facilitation of CC. Culture is an important component of people's wellbeing. Since Aboriginal culture has not really been considered in the past in Canada, it is high time the government begins to recognize this fact. In this context, the government should ensure that a reconciliation process is negotiated with Aboriginal people. This process should focus more on the implementation of culturally relevant healing and wellness programs and services, and prevention strategies.

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